कोविड-१९ रुग्णास उद्भवणाऱ्या मानसिक समस्यांवर उपाययोजना करण्याकरीता मार्गदर्शक सूचना..

महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग
शासन परिपत्रक क्रमांकः कोव्हीड-२०२०/प्र.क्र.१३६/आरोग्य ३अ
गो.ते.रुग्णालय आवार, दहावा मजला, संकुल इमारत
मंत्रालय, मुंबई ४००००१
दिनांक : २४ नोव्हेंबर , २०२०

वाचा :-

१) शासन निर्णय क्रमांक .कोविड-२०२०/प्र.क्र.१३६/आरोग्य-३अ दिनांक २४.०४.२०२०
२) शासन परिपत्रक क्रमांक .कोविड-२०२०/प्र.क्र.१३६/आरोग्य-३अ दिनांक २१.०९.२०२०
३) संचालक, आरोग्य सेवा, मुंबई यांचे पत्र क्रमांक : संआसे/माआ /८९८६/१९-८-२०/२०२०, दिनांक १४/०८/२०२०

शासन परिपत्रक:-

उपरोक्त संदर्भाधीन दिनांक २४ एप्रिल, २०२० च्या शासन निर्णयान्वये, राज्यामध्ये कोविड-१९ या आजाराच्या वाढत्या प्रादुर्भावामुळे या आजाराबाबत आरोग्य सेवा देणारे डॉक्टर, अधिकारी व कर्मचारी यांच्यामध्ये वाढणाऱ्या मानसिक तणावाबाबत मार्गदर्शन करण्यासाठी उपाययोजना सूचविण्याकरीता संचालक, आरोग्य सेवा-१, मुंबई यांच्या अध्यक्षतेखाली समिती गठित करण्यात आली होती. सदर समितीने सादर केलेला अहवाल शासनाने स्वीकारला असून, दिनांक २१.०९.२०२० च्या शासन परिपत्रकान्वये मार्गदर्शक सूचना निर्गमित केलेल्या आहेत. सदर समितीने आता कोविड-१९ रुग्णास उद्भवणाऱ्या मानसिक समस्यांवर उपायोजना करण्यासाठी मार्गदर्शक सूचनाबाबतचा अहवाल शासनास सादर केला आहे. सदर अहवाल शासनाने स्वीकारला असून त्याअनुषंगाने पुढीलप्रमाणे सूचना देण्यात येत आहेत.

२. राज्यामध्ये कोविड-१९ रुग्णास उद्भवणाऱ्या मानसिक समस्यांवर उपाययोजना करण्याकरीता यासोबतच्या “परिशिष्ट-अ” मध्ये नमूद करण्यात आलेल्या मार्गदर्शक सूचना प्रमाणे कार्यवाही करण्यात यावी. संचालक, आरोग्य सेवा-१ यांनी या सूचना सर्व संबंधितांच्या निदर्शनास आणाव्यात.

३. सदर शासन परिपत्रक महाराष्ट्र शासनाच्या www.maharashtra.gov.in या संकेतस्थळावर उपलब्ध करण्यात आला असून त्याचा संकेताक २०२००९२९१८००२७६९१७ असा आहे. हा आदेश डिजीटल स्वाक्षरीने साक्षांकित करुन काढण्यात येत आहे.

महाराष्ट्राचे राज्यपाल यांच्या आदेशानुसार व नावाने.

Sanjeev Harishchandra Dhuri
Digitally signed by Sanjeev Harishchandra Dhuri
Date: 2020.11.24 15:21:03 +05'30'

(सं.ह.धुरी)
अवर सचिव, महाराष्ट्र शासन.

प्रत,

१. आयुक्त आरोग्य सेवा तथा अभियान संचालक, राष्ट्रीय आरोग्य अभियान, मुंबई.
२. संचालक, आरोग्य सेवा-१, मुंबई.
३. संचालक, आरोग्य सेवा-२,पुणे.
४. उपसंचालक, आरोग्य सेवा (सर्व मंडळे)
५. जिल्हाधिकारी (सर्व)
६. सहसचिव / उपसचिव, सार्वजनिक आरोग्य विभाग, मंत्रालय, मुंबई.
७. निवडनस्ती (आरोग्य-३ अ).

"परिशिष्ट-अ"



Guidelines for Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak

These guidelines summarize key mental health and psychosocial support considerations in relation to the 2019 novel coronavirus (covid-19) outbreak.

NHM, Maharashtra

Arogya Bhavan

P D'MELLO ROAD, CHHATRAPATI SHIVAJI TERMINUS AREA FORT, MUMBAI, MAHARASHTRA 400001

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INTRODUCTION

Coronaviruses are respiratory viruses and broadly distributed in humans and other mammals. Some cause illness in people and others that circulate among animals, including camels, cats and bats. Rarely, animal corona viruses can evolve and infect people and then spread between people such as has been seen with MERS and SARS. Although most human coronavirus infections are mild, the epidemics of the severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV), have caused more than 10000 cumulative cases in the past two decades, with mortality rates of 10% for SARS-CoV and 37% for MERS-CoV. The current outbreak was initially noticed in a seafood market in Wuhan city in Hubei Province of China on 12th December, 2019 and has spread across China and the world.

SARI is manifested by fever, cough, and shortness of breath or difficulty in breathing. It encompasses pneumonia and Acute Respiratory Distress Syndrome (ARDS). These two conditions are the primary causes of death among COVID-19 patients.

The pandemic of COVID-19 has been handled worldwide with restriction of activities from lockdown to venture out only for essential work. This restriction of activities to control pandemic has extended for more than 4 months in state of Maharashtra. Unlockdown is unfolding the 'new normal' which will also see restriction of many activities. This has been source of generalized burden, may that be social, psychological or financial. Mass mentality has also observed oscillating differences in reaction to COVID-19. This calls for regular outreach and awareness program not just for physical wellbeing but also for psychological good health.

Currently in Maharashtra Frontline Health Workers are continuously working with all their efforts in order to treat the Covid-19 positive patients. Keeping in mind the recent Covid-19 affected cases of have committed suicide and also the rising mental health issues documented in frontline workers, these guidelines are prepared by Public Health Department, Government of Maharashtra.

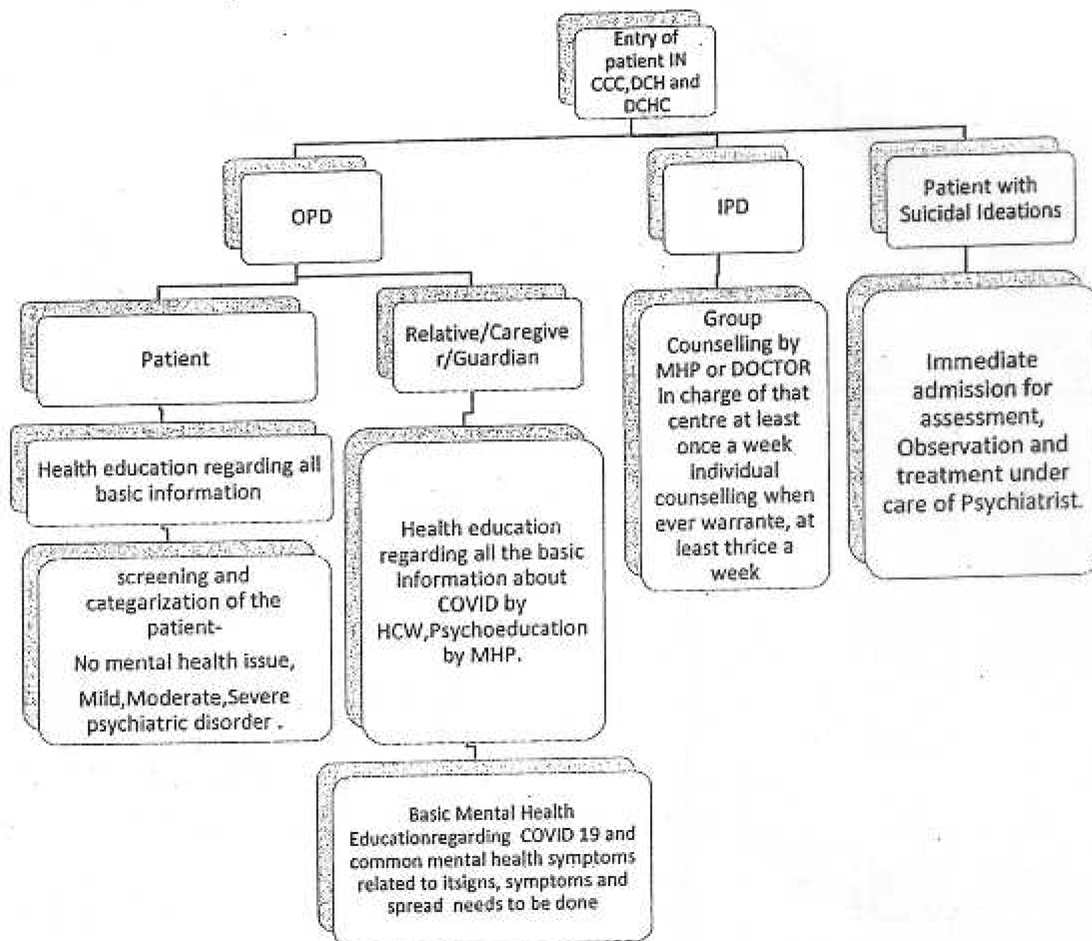
This document is specially prepared for ready reference of mental health workers working in pandemic to ensure best outcomes for the patients facing problems related to mental health due to pandemic. While preparing the document, emphasis is given on mental health of patients who are identified to have COVID-19 infection and frontiners.

Frontliners are backbone of effective implementation of strategies for control of pandemic. Without their wholehearted contribution, it'll be difficult to handle such once in a century mass adversity. Hence, their mental health matters for holistic well-being of society at large.

HCW- Healthcare workers

MHP- Mental Health Professional

GUIDELINES FOR TREATMENT OF MENTAL HEALTH ISSUES OF COVID POSITIVE PATIENTS



GUIDELINES FOR OUT PATIENT DEPARTMENT

1) When the patient and their caregiver first enter the COVID center, the available healthcare worker (including any doctor, psychiatrist, counselor, psychiatric social worker, staff nurse, community nurse, medical social worker) must provide complete information about coronavirus and COVID 19, including information about COVID-19 spread, symptoms and signs, precautions.
2) Available mental health professional must screen the patient for mental health issues and psychoeducate the patient and caregiver regarding common mental health issues.
3) If patient has mental health problems, patient must be referred to the psychiatrist for assessment, to formulate clinical impression and device a personalized action plan for that particular patient.
4) MHPs must maintain a registry to enroll all the screened patients with their contact details, mental health status and details of action plan formulated, if any.
5) Every patient seen by MHP must be enrolled in the registry with contact details so that frequent telephonic contact can be maintained considering patient may opt for home isolation and may develop mental health issues in quarantine phase. This is will also help in offering mental health services to family members of the patient.

The following basic information about COVID-19 needs to be covered in the health education sessions:

1. **Information about Covid-19:**

- COVID- 19 is highly infectious disease caused by the most recently discovered SARS COV-2. The disease can spread from person to person through small droplets very fast from the nose or mouth which can spread when a person with COVID-19 coughs, sneezes or exhales.

- These droplets land on objects and surfaces around the person. Other people then may catch COVID-19 infection by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets.

- This is why it is important to wear a mask and maintain more than 1 meter (3 feet) away from infected person. The most common symptoms of COVID-19 are fever, tiredness, and dry cough, loss of smell, loss of appetite. Some patients may have aches and pains, nasal congestion, runny nose, sore throat or diarrhea. Most people (about 80%) recover from the disease without needing special treatment.

- Older people and those with Co-morbidities like high blood pressure, heart problems, COPD and / or diabetes are likely to develop serious illness. Hence, monitoring of symptoms is extremely essential in this special group.
- Information about Covid-19, pictorial presentation, display charts to be placed in OPD which are self-explanatory.
- IEC material should be displayed in the patient waiting area, near the drinking water cooler, OPD case paper registration area.
- The IEC should also include information about common mental health problems like sleep disturbances, panic attack, anxiety, depression, etc.
- Information about isolation and quarantine should be highlighted along with maintaining positive mental health during this phase.
- Emphasis on structured routine, breathing exercises, adequate sleep must be given along with psychological first aid

2. Simple precautions to be taken to prevent spread of Covid-19 :

The points mentioned below need to be thoroughly explained not only to the patient but also the caregiver/guardian.

- **Regular hand washing with the correct technique**: Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water.
- **Physical Distancing:** Maintain at least 1 meter (3 feet) distance between yourself and others.
- **Avoid going to crowded places unnecessarily**: Places where people come together in crowds, you are more likely to come into close contact with someone that may have COVID-19 and it is more difficult to maintain a physical distance of 1 meter (3 feet).
- **Avoid touching eyes, nose and mouth**. As hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and infect you.
- **Follow good respiratory hygiene**: Cover your mouth and nose with your bent elbow or tissue paper when you cough or sneeze. By following good respiratory hygiene, you protect the people around you from viruses such as cold, flu and COVID-19.
- **Stay home and Self-isolate:** Patients must be told, not leave the house even if they have minor symptoms such as cough, headache, mild fever, until you recover. Patient should confine himself or herself to one room in the home to avoid spreading infection to those who share house with patient. If self-confinement is not possible then getting admitted in CCC is best option to avoid spread of infection to near and dear ones. If one must leave the house, ensure to wear a mask to avoid spread of infection.

- **Safe use of alcohol-based hand sanitizers:** Clean your hands frequently and thoroughly with alcohol-based hand sanitizer when washing hands with soap and water is not feasible.

3. **Regarding the Disease Impact:**

Currently the recovery rate of coronavirus is nearly 97% and the death rate is nearly 3%. The patients should be made aware of the recovery rate to give them hope and encouragement leading to reduction in their fears. Also, they should be advised to follow guidelines to prevent spread of infection to their family and community.

This point needs to be highlighted during counselling.

GUIDELINES FOR CONDUCTING MENTAL HEALTH AWARENESS SESSIONS

2. The conduction of counselling sessions is solely responsibility of the DMHP team or staff trained by DMHP Team.

3. Group counselling is to be on OPD days to cover the maximum population visiting OPD. In case of lack of manpower, minimum once a week session should be conducted.

4. Group counselling can be done by psychiatric social worker, trained psychiatry nurse, counsellor or clinical psychologist.

5. Appropriate use of audio-visual aids must be made to ensure physical distancing. This will ensure safety of mental health professional as well. In case, audio visual aids are not available, small group counselling must be encouraged. There should not be more than 5 participants in a group. Norms of physical distancing, use of mask by participants must be ensured.

6. Thorough focus should be on establishing rapport to understand their issues and symptoms and in case patient is suspected of suffering from mental health disorder, it's best to follow the standard treatment protocol.

7. Patient's relative/guardian/caregiver need to be screened for any mental health issues and proper health education about the basic concept of COVID- 19, why isolation is required for the patient and quarantine is required for the relatives and close contacts. Also, importance of personal hygiene, diet, respiratory etiquette, proper mask wearing

techniques should be demonstrated. Importance of home quarantine should be given priority during the session.

8. Upon successful screening a patient should be classified as having no mental health issue, mild, moderate or severe psychiatric disorder and should be managed accordingly.

9. Patient and caregiver, both must be screened for psychological health problems, a registry should be maintained with contact details, clinical impression and management plan and follow ups should be taken online or on telephones during phase of isolation and quarantine should be taken and updated in the registry.

10. Patients with no mental health issues at present should be contacted once a week whereas patients with mental health issues should be contacted at least twice a week or more depending on severity of symptoms and management should be planned.

11. It should be advised for OPD patients to contact concerned psychiatrists or call helpline number 104.

GUIDELINES FOR INPATIENT DEPARTMENT

- Those patients that are admitted indoor should be psychoeducated by the in-house Psychiatrist, trained psychiatric staff nurse or other trained staff. Individual counselling should be done once a week. Also, it must be kept in mind that frequency of such counselling may vary from case to case depending on severity of symptoms of the patient and should not be less than once a week. Along with this, group counselling sessions should also be conducted at least once a week.

- Existing DMHP team should plan training sessions for doctors and nurses of DCHC, DCH and CCC to identify common psychiatric symptoms at the earliest and teach them psychoeducate the patients with common psychological symptoms. The doctors at facility should also know when to refer patients to DMHP team for problems that require individual counselling and /or pharmacotherapy.

- Considering shortage existing manpower for psychiatry, psychiatrists and clinical psychologist working privately can be hired for consultation and counselling. And they will be provided with a suitable honorarium. Funds for such honorarium should be obtained from budgetary provision for disaster management at district level, also emergency funds from municipal corporations should be utilized after taking proper permission, and fund can be utilized from COVID action plan.
- **HR Availability and Training:** Staff appointed at CCC, DCH and DCHC including doctors, nurses, yoga instructors, and managers should be trained by the DMHP team for early identification of common psychiatric symptoms and basics of psychoeducation and mental health awareness. **DMHP team shall be solely responsible for training of healthcare workers** at CCC, DCH and DCHC. Such training can be carried out through online platforms like Zoom app, webinars, group training etc. It must be kept in mind that staff appointed at CCC, DCH, DCHC is working on rotation basis. Hence, it's mandatory to conduct training programs for each new rotation to ensure that the working staff is adequately trained. This will improve quality of service offered by the staff on duty.
- DMHP team must make a standardized format of presentation so that uniformity of training content is maintained. While preparing the standardized format, DMHP team will utilize webinar links of TOT for the common topics to be covered and content validity (Refer to Annexure III).
- Funds for such training can be obtained from Active Covid-19 Action Plan under innovative measures, district funds can be utilized by District Collector's permission, and DMHP training funds can be utilized for the same purpose with appropriate documentation.
- Yoga sessions should be conducted every day morning for IPD patients. AV recordings and live demonstrations on internet platforms by the AYUSH cell can be used too.
- If any patient is suspected to be showing signs and symptoms of mental illness then, the patient should be promptly referred to psychiatrist for assessment and management.

COMMON WARNING SIGNS MENTAL HEALTH PROBLEMS IN PATIENTS AND THEIR FAMILIES WITH COVID-19

1) Fear of death
2) Insomnia
3) Boredom
4) Irritability
5) Substance craving and withdrawal
6) Panic attack – include palpitations, sweaty palms, butterflies in the stomach, feeling of choking sensation with normal SpO2 levels, feeling of impending doom etc only after medical morbidity is excluded.
7) Excessive worry about future of self, family
8) Increased financial stress due to quarantine phase of entire family.
9) Stigma and discrimination attached to COVID-19
10) Complete disregard for restrictive norms.

WARNING SIGNS AND MANAGEMENT SUICIDAL IDEATIONS

The behaviors described below should possibly warn health professionals that they may represent "Warning Signs" that individuals in the context of COVID-19 may be contemplating suicide and will require assessment.

Emotional

- Acute stress
- Anxious or agitated
- Feeling isolated or rejected
- Feeling of helplessness, hopelessness and worthlessness
- Suicidal ideations/plans

Behaviors

- staying aloof
- Expressing thoughts about death or writing a note about it or distribution of .
- Planning or contemplating to end one's life. Patients may or may not express it explicitly in words but HCW needs to be observant for any related signs and symptoms.

- Change in patterns of eating/sleeping
- Change in patterns of Substance use
- Signs of extreme anger
- Displaying extreme mood swings

Management of patient with estimated high risk of suicide

- ➢ Constant supervision by staff. The bed should be located close to the nursing station with easy view
- ➢ Scissors, razors and other potentially lethal objects should be removed
- ➢ No medication to be kept with the patient and medication must be handed over to the patient under strict supervision and Staff nurse on duty must ensure that patients swallows medications and doesn't spit out.
- ➢ Patient must be kept in a room with shatterproof windowpane and windows with mesh or sturdy grills preferred. Doors of the room without latches/bolts from inside. However, the exit door of the facility should have lock system in place to prevent patient from escaping from the facility.
- ➢ Patients should be accompanied by a healthcare worker or neighboring patient while using the washroom.

Based on the primary diagnosis, appropriate treatment can be initiated immediately under strict supervision which can be antidepressants, tranquilizers and mood stabilizers. A definitive management plan that includes pharmacotherapy, psychotherapy, counselling and ECTs. Pharmacological treatment should aim at behavioral control and symptom relief.

Factors That Increase Chances Of Suicidal Risk

- Previous suicide attempts
- Presence of psychiatric disorders
- History of substance use disorders
- Family history of suicide
- Chronic physical illness/terminal illness

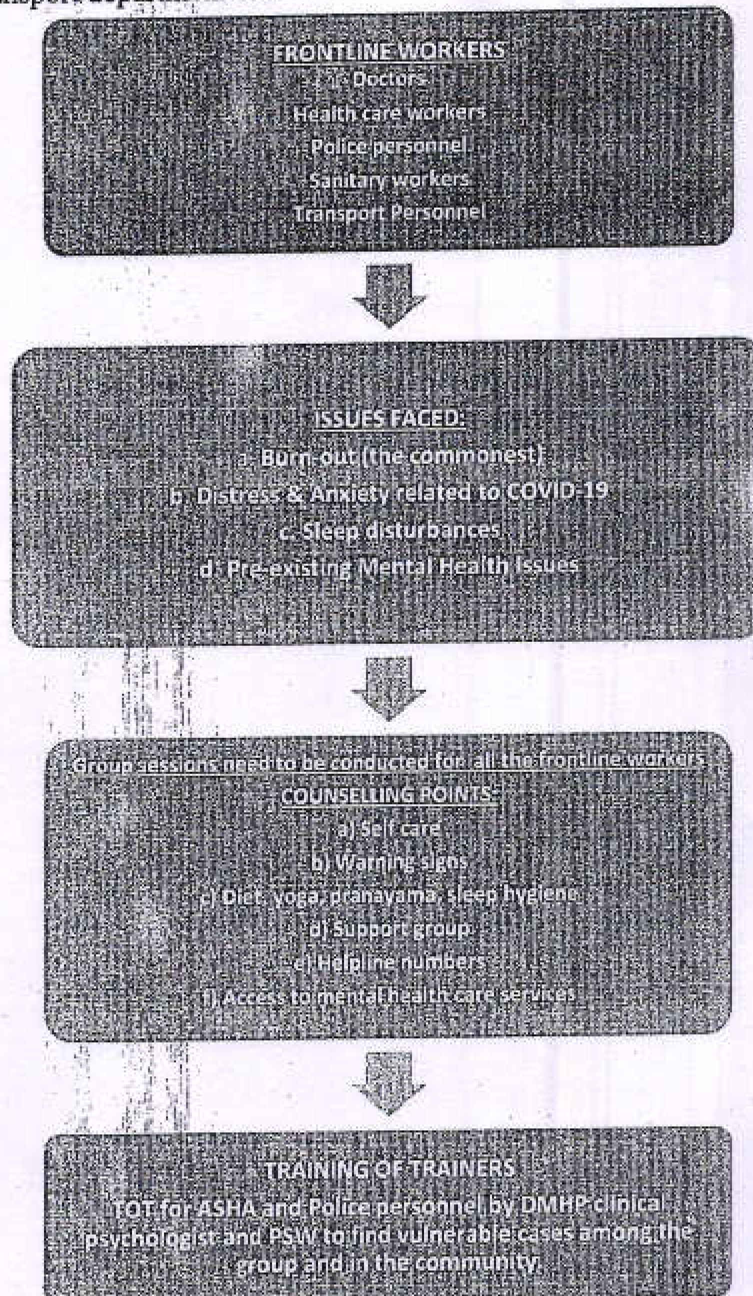
MANAGEMENT

Those patient showing signs of suicidal ideation as well as severe psychiatric illness which can lead to suicide needs both pharmacological as well as non-pharmacological strategies.

INTERVENTION BASED ON LEVEL OF RISK	RISK FACTORS	POSSIBLE INTERVENTIONS	
		PHARMACOLOGICAL MANAGEMENT	NON-PHARMACOLOGICAL MANAGEMENT
HIGH	• Active suicidal ideation • Feeling of worthlessness, helplessness • Decreased attention and concentration plan. • Past history of suicidal attempts • Co-morbid substance use. • Recent loss of job or financial issues • Unmarried/divorced/ separated • Previous h/o psychiatric illnesses • Co-morbid chronic physical illness. • Recent discharge from psychiatric hospital	• Admit patient under care of Psychiatrist • Depending on underlying diagnosis treatment including Anti-depressants and tranquilizers and/or mood stabilizers should be started. • ECT(Proper Guideline regarding ECT including personal protective measures should be followed as ECT procedure can be aerosol generating procedure)	Therapies like Cognitive behavioral therapy, Psycho-education, Family intervention and /or counselling can be planned. During the assessment, general interviewing and counseling skills are likely to be helpful such as: Offering help by stating **"I'm here to help you."** **Be a good listener**. Give ample time to allow the person to express all their worries, apprehensions and thoughts **Avoid making dismissive comments** like "you've nothing to worry" or "don't think negatively" Many more are in much worse trouble than you" **Be non-judgmental**, avoid making statements like "you should've done more when you had the chance" **Empathy** - State that you can understand the person's feelings in this situation and that almost everyone is feeling the worry and anxiety **Being supportive** (we can all get through this together; we need to help each other) and **Instilling hope** (FOR COVID-19 confirmed cases- majority of people recover from COVID 19 with mild symptoms and without any complications). Building a contract by asking 'Will you promise me not to harm yourself till I find help for you?'
MODERATE	• Moderate anxiety • Moderate depression • Panic attack • Passive suicidal ideation	• Anti-depressants • Tranquilizers • Mood stabilizers • ECTs	
LOW	• Mild anxiety • Mild depression • Panic attack • Death wishes	• Anti-depressants • Tranquilizers	

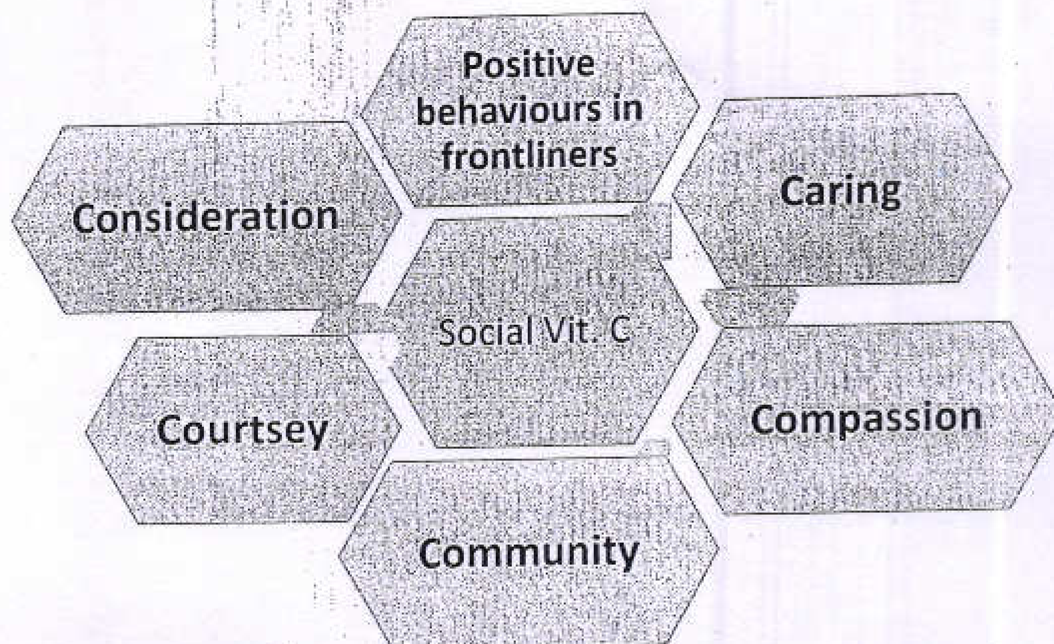
GUIDELINES FOR FRONTLINE WORKERS

Frontline workers are the backbone of effective health systems –These include doctors, nurses, sanitary workers, police personnel, security guards working at hospitals and various other places, workers at transport department etc.



IMPORTANCE OF POSITIVE BEHAVIOURS IN FRONTLINERS

It's important to work as a team for our community to overcome this unusual mass adversity of COVID-19.



1) **Consideration –**
   a) Maintaining cleanliness and hygiene for wellbeing of all
   b) Passing on only authentic information from valid sources

2) **Courtesy –**
   a) Be courteous to your fellow workers
   b) We all are together in this pandemic
   c) We all share similar concerns and anxieties

3) **Community –**
   a) Keep up the community spirit
   b) Share positive experiences with team mates
   c) Sharing experiences helps in reducing anxiety and common fears of those around us and increases the team spirit.

4) **Compassion –**
   a) Show compassion to those who are more affected than you or more vulnerable than you.

5) **Caring –**
   a) Take care of your colleagues whether they are working or self-isolating.
   b) Stay in touch with them to offer support.

Issues faced by frontline workers:

The commonest disabling mental health issue experienced by personnel in the front-line of any pandemic is "burnout": Described classically as a triad of emotional exhaustion, depersonalization (loss of one's empathy, caring, and compassion), and a decreased sense of accomplishment.

a. Burn-out (the commonest)

- Emotional exhaustion
- Detachment (loss of one's caring, empathy, and compassion)
- Decreased sense of accomplishment

b. Distress & Anxiety related to COVID-19

- Fear of death, fear of catching infection, fear of isolation/ quarantine, Excessive worry about the front liner becoming a source of infection for the family.
- Excessive worry about future of family
- Not being able to stop or control worrying
- Feeling nervous, anxious, or on edge
- Being so restless that it is hard to sit still
- Feeling incompetent at work
- Becoming easily annoyed or irritable
- Excessively following social media about COVID-19
- Feeling afraid as if something awful might happen
- Disturbed sleep and decreased appetite

c. Depressive symptoms

- Feeling sad, crying spells, disinterested in daily routine
- Ideas of hopelessness, helplessness and worthlessness
- Wanting to end it all – SUICIDAL THOUGHTS AND PLANS

c. Substance use disorder

- Increase in levels of existing substance use or using new substances is the commonest stress related trend. This can be present as a change in frequency or quantity.
- Use of medication for sleep and stress reduction without a valid medical prescription should warrant attention to underlying mental health disorder.
- Possibility of substance withdrawal need to be considered if regular users present with Mental health disturbances (especially in the context of disruption in supply chain

d. Sleep disorder

Extremely common. Subjects may present with difficulty in

- Initiating sleep
- Frequent awakenings
- Early morning awakening
- Light sleep
- Excessive sleep (relatively infrequent)

Distress, anxiety, exhaustion, shift work, substance use can all present with sleep disturbances. It is important to clarify these aspects when frontline personnel report with sleep disturbances.

e. Pre-existing Mental Health Issues

Frontline personnel with pre-existing mental health issues may relapse or experience worsening of symptoms. Covid-19 pandemic has likely put frontline workers across the world in an unprecedented situation, having to make quick decisions and work under extreme conditions may that be in the form of PPE or contamination zones or long duty hours. As concluded by many researchers across the globe, it has been found that many frontline workers have been exposed to moderate to extreme levels of stress during the Covid- 19 pandemic.

Some of them may experience **distress to the point of not being able to carry on**. They require help. It is critical to ensure that those in need are identified early and offered an appropriate intervention. The commonest disabling mental health issue experienced by personnel in the front-line of any pandemic is "burnout". Described classically as a triad of emotional exhaustion, depersonalization (loss of one's empathy, caring, and compassion), and a decreased sense of accomplishment.

f. Stigma and discrimination due to Covid positive infection

Some frontline workers may unfortunately experience avoidance, subtle discrimination in the form of keeping the person away in many different forms by their family or community owing to fear of catching infection which culminates into stigma. This can make an already challenging situation far more difficult for the frontliners. It's necessary to actively inquire about such discriminating

attitudes by significant others related to frontliners. This issue must be addressed as it discourages morale of efficient frontline worker and breaks them down to early burn out or depression.

- **Activities to be conducted to address the mental health issues of Frontline Workers**

- **1. Awareness Regarding Self-Care**

All personnel in the front line should be made aware of the principles of self-care. Self-care includes those activities to promote our emotional, physical, relational, and spiritual/religious wellness. These include the following:

- Have a structured routine
- Ensure breaks in long duty hours and adequate sleep
- Keep in touch with relatives/friends
- Whenever time permits carry out some activities and hobbies unrelated to work like listening to music, singing, and gardening
- Exercise regularly and have a healthy diet
- Practice relaxation exercises like yoga
- Religious activities (if you are a religious person)
- Make time for yourself and your family
- Keep yourself engaged in hobbies like etc.

In most emergencies, the work schedule is hectic, highly demanding on physical as well as mental strength. Hence, carrying out all activities may not be possible but team leaders should ensure that at least, frontliners get their breaks and facilitate regular contact with friends/family.

- **2.Identify Frontline Health Workers with Following Warning Signs:**
    - Distress

- Irritability
- Pessimism
- Feeling helpless, hopeless, listless
- Decreased attention span
- Decreased concentration
- dysphoric mood
- Self- withdrawal
- active suicidal ideation

If above signs are present then the frontliner should be prioritized for professional help from MHP and should be assessed in detail and management plan must be formulated. Frontliners should be assessed by psychiatrist and psychologist as a team. Documentation of case history, management plan and follow ups must be thorough. Individual Counselling and /or psychotherapy sessions must be conducted by Clinical Psychologist personally. Regular follow ups, frequent telephonic contacts and ensuring implementation of standardized treatment plan is mandatory.

4. **Support Groups**

During official meetings once in two weeks, it's mandatory that a mental health professional is available to all frontline workers for helping them deal with their difficult feelings and thoughts. This also will promote team building. Also, this will allow frontliners to speak up for themselves and understand mental health is equally important as that of physical health. This will break the stigma and discrimination and frontliners can become role models for community. Lectures by eminent psychiatrist may be conducted using webinars, zoom app etc.

❖ **4. Create Awareness in the frontline workers regarding important Helplines**

Frontliners when trained adequately can work as mental health advocate in the community promoting the importance of mental health.

A helpline for beds and other inquiries for physical health is 1916.

A dedicated mental health helpline must be advertised across the state and made user friendly. It is recommended to create more awareness in the frontline workers about the 104

helpline started by Government of Maharashtra, so that they can access the given number as and when needed and pass on to the needy people in the community.

These important Helpline Numbers should be displayed in the places with good visibility for the Staff. These areas could include waiting area, staff rooms, restrooms, canteen, hallways etc.

5. **Identify vulnerable population among frontline workers**: Those with physical comorbidities and above the age of 55yrs are at high risk of not just contracting COVID-19 infection but also susceptible to major mental health problems. Regular Group therapy sessions at least once a week and individual counselling / Psychotherapy and/or pharmacotherapy is recommended for the vulnerable population.
6. **Conduct webinars, seminars on various mental health issues** including Stress management, Insomnia, building Resilience, Sleep management, Handling anxiety, Mental health in pandemic, Life in post lockdown period, Substance use and boredom, Mindfulness based meditation, Social Media Use vis a vis Abuse. DMHP teams are advised to take reference and assistance from webinars conducted, links of which are attached in Annexure II

- **7.Sessions for ASHA, Police Personnel, Transport personnel**

Just like other health care workers, non-healthcare workers working largely on frontline basis who are also face the same risks and fears. They are also in close contact with the community population. Bringing in awareness regarding mental health will in turn benefit the society indirectly.

- Group counseling
- Online lectures by eminent psychiatrist
- Training sessions regarding Emotional first aid
- Helpline number for consultation should be provided including state **helpline number 104.**

- **9.Sessions for sanitary workers in hospitals:**

Psychiatrist and clinical psychologist from DMHP team should be mandated to provide weekly counselling and screening for mental health issues of the sanitary workers. Special considerations should be made for **addiction counselling.** These workers

should be made aware of the existing helpline numbers including **helpline number-104.**

GUIDELINES FOR SPECIAL POPULATION IN COMMUNITY MENTAL HEALTH

In the community, following are the vulnerable groups:

Old age: Social distancing, though a major strategy to fight COVID-19, is also a major cause of loneliness, particularly in settings like nursing-care or old-age homes which is an independent risk factor for depression, anxiety disorders, and suicide. Also, those patients suffering from dementia face new challenge of maintaining hygiene, self-care and social distancing.

- The first step is increasing the awareness about mental health issues among the older adults and their family members via social media.
- Utilizing community health workers or trained social workers for the screening of older adults at old age homes/assisted living facilities for mental health issues.
- The Mental health helpline number 104 can be utilized and need to widely published for catering psychiatric need of elderly people. Through this medium, there is a basic assessment of problems followed by a brief psychological intervention. Training should also create awareness about existing helpline number- 104. Online platform like E-sanjivani OPD need to be utilized. The psychiatrist should be encouraged to write online blog, also newspaper blog to create awareness about mental health of old age people.
- Those with psychiatric emergencies like suicidal risk, severe agitation, and catatonia, refusal of food or delirium would require evaluation by psychiatrist in emergency settings with appropriate precautions related to COVID-19.

Adolescents and children: Children and adolescents have already been at home with schools being shut and their regular schedules have been disrupted with no clear idea of when they will be restored. Children are confined to the home and in some situations may be separated from the parent because they are quarantined, or their parents are quarantined. Social play deprivation,

increased use of gadgets thus increasing screen time, boredom, adjusting to online schooling have added to the stress of lockdown. Every school must arrange children's mental health awareness sessions for parents regarding mental health of children.

Children may experience a range of psychological issues such as social deprivation, anxiety, fear, worry, depression, difficulty sleeping, and loss of appetite which may culminate into temper tantrums, increased screentime or discord with parents and family. Quarantine and isolation may also lead to stress which was never faced before and hence, difficult to handle for some.
Every teacher in school or junior college should arrange for online guidance and awareness sessions about mental health helpline for parents of their respective class. Schools or Junior colleges can seek help from DMHP teams or hire MHPs from private set ups to train the teachers for guiding the parents on identifying mental health issues, tackling common problems with children and adolescents and knowing when to seek professional help. Schools to submit report of counselling activity and awareness sessions to DMHP / appropriate higher authority.

Clinical psychologist as well as psychiatrist while treating children and adolescents should consider the following important points:

Following points should be considered while conducting sessions:

- Every new case must be evaluated in person and online platform must be avoided for the first interview.
- Identify the core issues. It's important NOT to label a behaviour as diagnosis. In fact, diagnosis should be established only after few follow ups, gathering sufficient data and establishing rapport with the child. Effect of lockdown on a child's psyche should also be considered before reaching a final conclusion. Clinical impression should not be made based on history given by parents alone. Corroborative history should be collected from teachers and most importantly, from the child itself. It's better to go slow on diagnosis than labelling a child with a psychiatric diagnosis.
- Provide clear information in a reassuring, honest and age-appropriate way to the child and parents.
- Schools and Colleges are mandated to provide mental health support online with the help of MHPs. Online availability of school counsellors must be ensured by the school in stipulated school timings.
- Mental Health Emergencies should be tackled at the earliest through active liaison with the local health systems and professional help from MHPs must be sought at the earliest.

- **Pregnant and Post- Partum Women:** Covid-19 epidemic has created stress and anxiety for pregnant women in different parts of the world.

a) Although pregnancy and post-partum phase is natural phenomenon in most women, hormonal changes, physiological changes increase propensity of a woman to variety of mental health issues, commonest being depression, panic attacks, anxiety disorders.
b) COVID-19 has added tremendously to the stress of pregnancy by making them vulnerable to infection. Pregnancy has been identified as high risk group for susceptibility of COVID-19, may result in adverse outcomes than non-pregnant women of same age group. Because of social distancing and lockdowns, even regular checkups weren't feasible in many areas which added to the stress burden, worry about delivery, newborn's health. This may have decompensated many pregnant women to develop mental health issues.
c) Issues regarding pregnant and post- partum women should be tackled by psychiatrist and clinical psychologist and early recognition and prompt treatment should be administered.
d) Simple reassurance and active listening may alleviate anxiety of many pregnant ladies. Psycho education, Counselling and Psychotherapy definitely helps the most number of patients. However, whenever warranted, one should not hesitate in starting appropriate pharmacotherapy by weighing risk and benefits of the same.

- Every ANC OPD is mandated to provide psycho education to every mother visiting the OPD regarding common mental health issues in pregnancy like anxiety, depression etc. These sessions are to be conducted by existing staff nurses, counselors or Doctors trained by the DMHP team.

Future Trainings at State Level:

- Training of all Community Health Officers for common psychiatric disorders.
- Webinars for all administrators, doctors and others for stress management.
- Training of DMHP teams from NIMHANS experts so that the DMHP team in turn can conduct training sessions for other doctors at CCC, DCHC, and DCH.

Annexure I

IMPORTANT HELPLINE NUMBERS TO BE DISPLAYED IN HOSPITAL

SR.NO.	HELPLINE DESCRIPTION	HELPLINE NUMBER
1.	Mental Health Helpline Under DMHP	104
2.	Considering recent pandemic of COVID-19, Government of Maharashtra started helpline number. This number provides guidelines for both COVID-19 patients and Psychiatric Patients.	9513615550.
3.	NGO run helpline number called Sahaya Wani is also available for Psychiatric and COVID 19 counseling	9930194249
4.	Government of India (GoI)	Central helpline number for COVID19 • National Health Portal • Helpline set for 28 states and 8 Union territories (All kinds of help including support for ration) 1075 or 011-23978046.
5.	Ministry of Health and Family Welfare National, (MoHFW), GoI Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore	Psycho social toll free helpline toll-free helpline number – 08046110007 – to address mental health issues that may arise during the COVID-19 lockdown. • Directive for Taking care of mental health of different sections during COVID 19: Children, elderly, migrant workers, those in isolation wards, general population

		A - Covid Centers Counselling													B - Counselling Of Frontline workers							C- General IPD Pts Counseling	D- Other vulnerable Group Counselling	
	Name of district	Counselling sessions at DCH CAT 1	No. Of Counselled			Counselling sessions at DCHC- CAT 2			Counselling sessions at DCCC- CAT 3			Counselling sessions at Fever/Corona OPD			Counselling Sessions for frontline health worker			Counselling sessions for Other dept. frontline worker				No. of Pts. Counselling in General Ward	Counselling sessions in community	
			New	Old	Total	New	Old	Total	New	Old	Total	New	Old	Total	Medical	Paramedical	Asha	Police	BMC/Nagarpalika/Mahanagarpalika	Transport Dept.	Online teachers and student Counselling		Counselling done at old age homes, Ashrams, Beggar home	Relatives Of Corona Positive Pts.

Annexure 3

Web link for various webinar and lecture series

1. https://drive.google.com/file/d/19gn4JZn-OkkfPKHU6WqLCOXFdOX6LOkO/view?usp=drivesdk
2. https://drive.google.com/file/d/1j2OK1GXyTe8bDWUoV4z6dEKDUzbyd1I1/view?usp=drivesdk
3. https://drive.google.com/file/d/14glt_3RxBa96xJofbNCXgWmbqZUfWiF1/view?usp=drivesdk
4. https://drive.google.com/file/d/11V1NBVwshjn4jQF2RQt3dwFlf5748Tjd/view?usp=drive
5. https://drive.google.com/file/d/1l0e-Gi724WHgSKf7K9pj6_auj_mS8P_i/view?usp=drivesdk
6. https://drive.google.com/file/d/1lO7JFGGo_UFge_0kIRPKX0CoBOrYYq1G/view?usp=drivesdk
7. https://drive.google.com/file/d/1dcl3Mp0cCy_gJxsH9TFvUNoS8FTHIlx7/view?usp=drivesdk
8. https://drive.google.com/file/d/1jcpEGraDPVIjoP1zPlQUdvSj9guMeVCq/view?usp=drivesdk
9. https://drive.google.com/file/d/1UpxECsQid8O4q9rdE0kWzOkrMOCsoeOL/view?usp=drivesdk
10. https://drive.google.com/file/d/1jLMFL5hPbY4hdj5_q9yzhtKAAjefQCF5/view?usp=drivesdk
11. https://drive.google.com/file/d/1K4loe5JSYLHjXGYPwQWilxE9JJMNdLtl/view?usp=drivesdk
12. https://drive.google.com/file/d/1IYVVzfnMsO7fYT3-taBlpjoBJMOUVFap/view?usp=drivesdk
13. https://drive.google.com/file/d/1s_DfhjMODX-2-_8g4zD235pMsqB4CNMc/view?usp=drivesdk
14. https://drive.google.com/file/d/1R30NohTpPtLdus5Ls93iebpxHcVlHYPw/view?usp=drivesdk
15. https://drive.google.com/file/d/1Ob6wC7qTGe9o4oVCac0X8c0wObarMAm0/view?usp=drivesd
k
16. https://drive.google.com/file/d/1TWfslouXTOXnw1q1qKBJu2t36ir_sGCU/view?usp=drivesdk